

Entered - 8-16-01 - sb
CL 01L0520 - ALEXIS HOLMES

01- *R* -1619

CLAIM OF: **BP AMOCO**

Attention: Sandra Flanagan
Safety and Claims Department
P.O. Box 25696
Cleveland, Ohio 44125

For damages alleged to have been sustained as a result of vehicular
accident on June 7, 2001 at 2095 Metropolitan Avenue.

THIS ADVERSE REPORT IS APPROVED

BY: 

ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0520

Date: 9/19/01

Claimant /Victim BP AMOCO

BY: (Atty) _____

Address: P.O. Box 25696 Cleveland, Ohio 44125

Subrogation: _____ Claim for Property damage \$ 6,895.33 Bodily Injury \$ _____

Date of Notice: 8/15/01 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 6/7/01 Place: 2095 Metropolitan Avenue

Department _____ Division: _____

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges that the bumper of an Atlanta concrete truck struck a gas pump causing damages in the above amount. In an investigation it was determined that the truck in question is owned by the State of Georgia Department of Transportation and not the City. Therefore for resolution, the claimant has been advised to pursue her claim with the State of Georgia Department of Transportation.

INVESTIGATION:

Statements: City employee _____ Claimant X Other X Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved X Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09-20-01

Committee Action: _____ Council Action _____

BP AmocoSAFETY & CLAIMS
CLEVELAND, OH 44125PHONE: 216/271-8286
FAX: 216/271-8937*Holmes*
08/15/01
[Signature]

8/15/2001

CITY OF ATLANTA
ATTN: SHERRY
FAX: 404-658-7082
PHONE: 404-330-6401ENTERED - 8-16-01 - SB
01L0520 - ALEXIS HOLMES

DEAR CITY OF ATLANTA:

RE: DATE OF ACCIDENT: 6/7/2001
LOCATION: 2095 METROPOLITAN, ATLANTA, GA
OUR FILE NO.: J770043
DAMAGE: BUMPER POLE PUMP #9
AMOUNT: \$6,895.33

ON THE ABOVE DATE AND AT THE ABOVE LOCATION THE DESCRIBED DAMAGE WAS SUSTAINED.
ENCLOSED IS AN ITEMIZED STATEMENT LISTING THE CHARGES NECESSARY FOR REPAIR OF OUR
PROPERTY.

YOUR CHECK OR MONEY ORDER IN THE AMOUNT OF \$6,895.33 IS NOW DUE AND SHOULD BE
MADE PAYABLE TO BP OIL. PLEASE SEND A CHECK OR MONEY ORDER TO MY ATTENTION AT
P.O. Box 25696, CLEVELAND, OH 44125.

IF YOUR LIABILITY INSURANCE CARRIER IS HANDLING THE MATTER. PLEASE COMPLETE THE
INFORMATION AT THE BOTTOM OF THIS LETTER AND RETURN TO ME.

IF YOU HAVE ANY QUESTIONS, CONTACT ME AT (216) 271-8286.

VERY TRULY YOURS,

*S. Flanagan*SANDRA FLANAGAN
SAFETY & CLAIMS DEPARTMENT

ENCLOSURE

Your Insurance Company: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Signature: _____

CLMT COST

01-*L*-1619